

PLAINTIFF <i>Randall S. Collier</i>	COURT CASE NUMBER 1:24-cv-15-JL-AJ
DEFENDANT <i>James Carroll</i>	TYPE OF PROCESS RECEIVED

SERVE **ATTORNEY GENERAL**
NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)

AT **Granite Place South Concord NH 03301** U.S. MARSHALS SERVICE

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:

*Randall S. Collier
26 Joslin Rd
Luray, NH. 03431*

Number of process to be served with this Form - 285

Number of parties to be served in this case

Check for service on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):

Fold

Line

Signature of Attorney or other Originator requesting service on behalf of:

PLAINTIFF
 DEFENDANT

TELEPHONE NUMBER

DATE

603 803 2648

4-6-24

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process <i>1</i>	District of Origin No. <i>49</i>	District to Serve No. <i>49</i>	Signature of Authorized USMS Deputy or Clerk <i>Adele Duchesneau</i>	Date <i>3-7-24</i>
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I hereby certify and return that I have personally served, have legal evidence of service, have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.

I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above) <i>Matt Broadhead, Attorney</i>	<input type="checkbox"/> A person of suitable age and discretion then residing in the defendant's usual place of abode.		
Address (complete only if different than shown above)	Date of Service <i>3/20/2024</i>	Time <i>12:00</i>	am <input checked="" type="checkbox"/>
Signature of U.S. Marshal or Deputy <i>R</i>			

Service Fee	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal or	Amount of Refund
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REMARKS:

U.S. Department of Justice
United States Marshals Service**PROCESS RECEIPT AND RETURN**See Instructions for "Service of Process by the U.S. Marshal"
on the reverse of this form.

PLAINTIFF	Randall S. Collier	COURT CASE NUMBER	1:24-cv-15-JL-AJ
DEFENDANT	Michael Garner	TYPE OF PROCESS	
SERVE	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN RECEIVED Attorney General		
AT	1 Granite Place South Concord NH 03301 MAR 07 2024		
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)		Number of process to be served with this form	U.S. MARSHALS SERVICE
		Number of parties to be served in this case	3
		Check for service on U.S.A.	

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:

Randall S. Collier
26 Losin Rd
Surry, NH 03431

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (*Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service*):

Fold

Fold

Signature of Attorney or other Originator requesting service on behalf of: <i>Randall S. Collier</i>	<input checked="" type="checkbox"/> PLAINTIFF	TELEPHONE NUMBER	DATE
	<input type="checkbox"/> DEFENDANT	603 803 2648	4-6-24

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process 1	District of Origin No. 49	District to Serve No. 49	Signature of Authorized USMS Deputy or Clerk <i>Adele Duchesneau</i>	Date 3-7-24
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I hereby certify and return that I have personally served, have legal evidence of service, have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below. I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (*See remarks below*)

Name and title of individual served (<i>if not shown above</i>) <i>Matt Broadhead, Attorney</i>	<input type="checkbox"/> A person of suitable age and discretion then residing in the defendant's usual place of abode.	
Address (<i>complete only if different than shown above</i>)	Date of Service 3/20/2024	Time 12:00 pm
	Signature of U.S. Marshal or Deputy <i>[Signature]</i>	

Service Fee	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal or	Amount of Refund

REMARKS:

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

*See Instructions for "Service of Process by the U.S. Marshal"
on the reverse of this form.*

PLAINTIFF <i>Randall S. Collier</i>	COURT CASE NUMBER <i>1:24-cv-15-145</i>						
DEFENDANT <i>NH Judicial Conduct Committee</i>	TYPE OF PROCESS						
SERVE → ATTORNEY GENERAL ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO TAKE POSSESSION OF OR CONDEMN						
AT <i>1 Granite Ptce South Concord NH 03301</i>	RECEIVED MAR 07 2024 U.S. MARSHALS SERVICE						
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:							
<i>Randall S. Collier 26 Joslin Rd Surry, NH 03431</i>							
<table border="1"> <tr> <td>Number of process to be served with this Form - 285</td> <td><i>1</i></td> </tr> <tr> <td>Number of parties to be served in this case</td> <td><i>3</i></td> </tr> <tr> <td>Check for service on U.S.A.</td> <td></td> </tr> </table>		Number of process to be served with this Form - 285	<i>1</i>	Number of parties to be served in this case	<i>3</i>	Check for service on U.S.A.	
Number of process to be served with this Form - 285	<i>1</i>						
Number of parties to be served in this case	<i>3</i>						
Check for service on U.S.A.							

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (*Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service*):

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Fold

Signature of Attorney or other Originator requesting service on behalf of: <i>Bethany Glew</i>	<input checked="" type="checkbox"/> PLAINTIFF	TELEPHONE NUMBER <i>603 803 2648</i>	DATE <i>4-6-24</i>
<input type="checkbox"/> DEFENDANT			

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process <i>1</i>	District of Origin <i>No. 49</i>	District to Serve <i>No. 49</i>	Signature of Authorized USMS Deputy or Clerk <i>Adele Duchesneau</i>	Date <i>3/7/24</i>
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I hereby certify and return that I have personally served, have legal evidence of service, have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.

I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above) <i>Matt Broadhead, Attorney</i>	<input type="checkbox"/> A person of suitable age and discretion then residing in the defendant's usual place of abode.		
Address (complete only if different than shown above)	Date of Service <i>3/20/2024</i>	Time <i>12:00</i>	am <input checked="" type="radio"/>
	Signature of U.S. Marshal or Deputy <i>[Signature]</i>		

Service Fee	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal or	Amount of Refund
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REMARKS: